

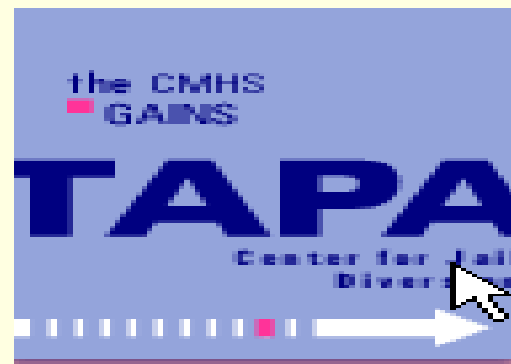
Using The Sequential Intercept Model to Plan for Diversion

Patty Griffin, PhD

Governor's Conference For Mental Health and Criminal Justice Transformation

Virginia Beach, Virginia

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Philadelphia Dept. of BH/MR Services
National GAINS Center & TAPA Center for Jail Diversion



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Recognizing the Problem

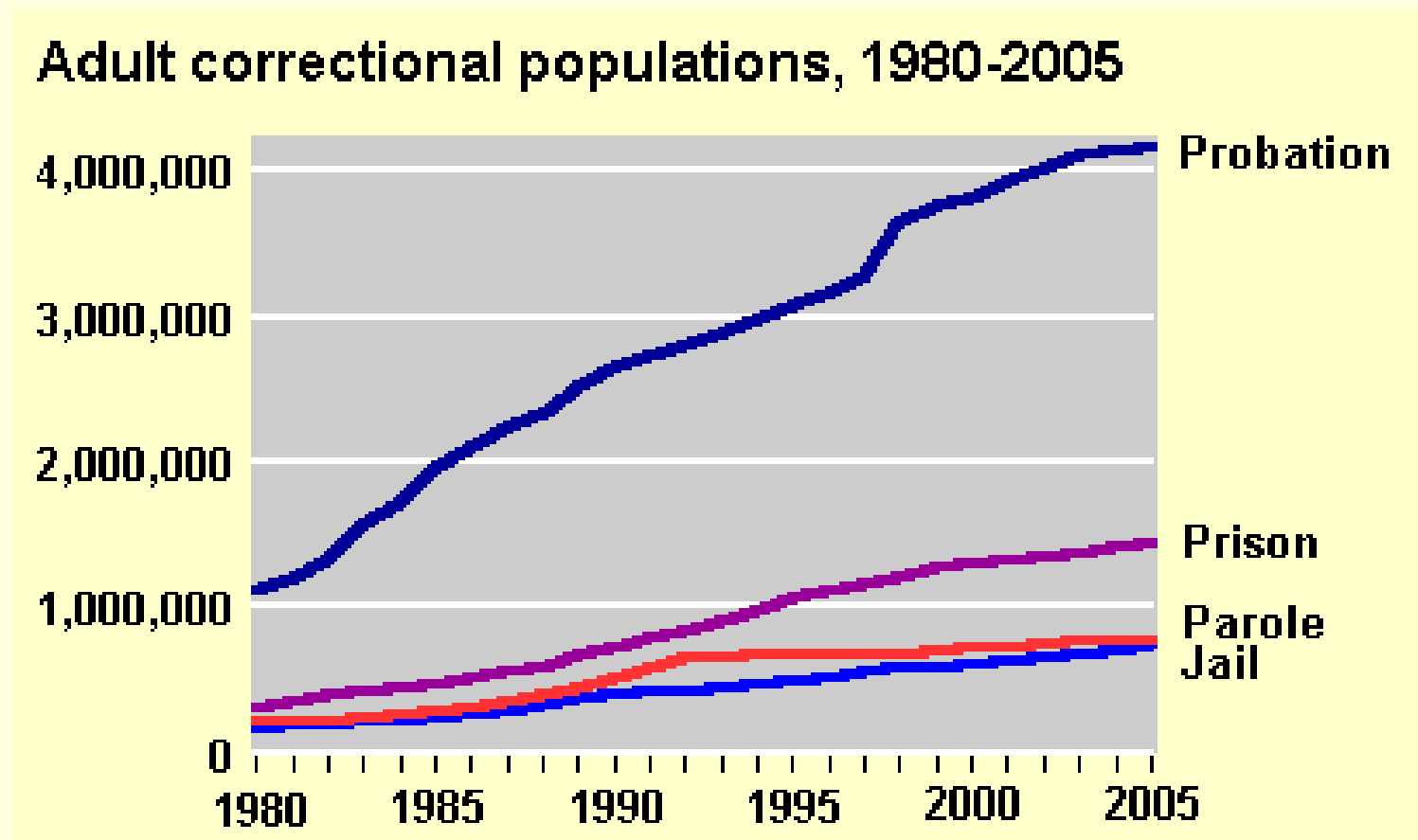
-
- *High rates of persons with severe mental illness and often co-occurring substance use disorders in the criminal justice system*
 - *They keep coming back*

The growing corrections system

Source: Bureau of Justice Statistics

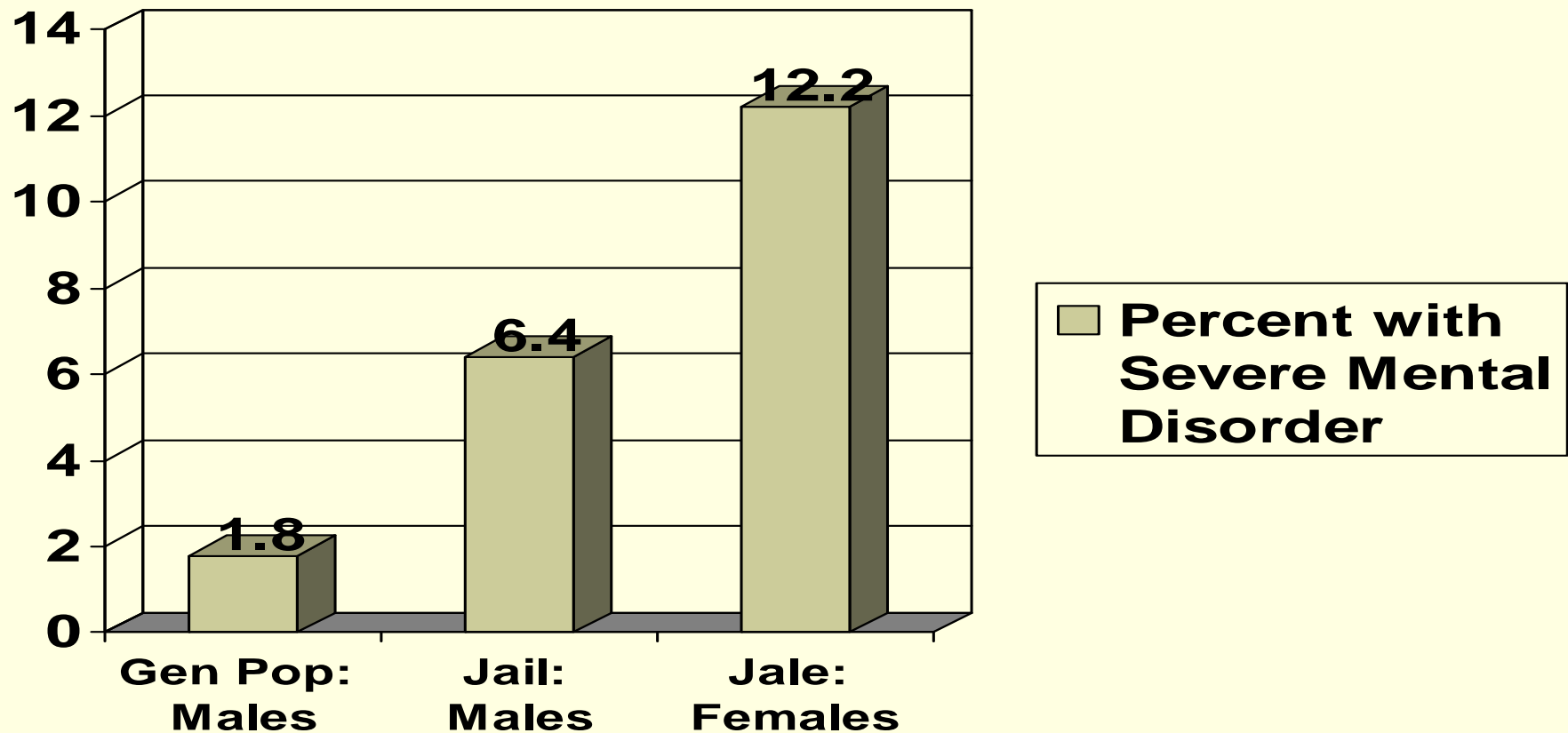
- In 2005, over 7 million people were on probation, in jail or prison, or on parole at yearend
 - 3.2% of all U.S. adult residents or 1 in every 32 adults.
- State and Federal prison authorities had in custody 1,446,269 inmates at yearend 2005:
 - 1,259,905 in State custody
 - 179,220 in Federal custody
- Local jails held 747,529 persons awaiting trial or serving a sentence at midyear 2005.
- In 2001 the U.S. incarceration rate of 690 per 100,000 overtook Russia (670/100,000) to lead the world
- By 2005 the rate had risen to 726/100,000

The growing corrections system

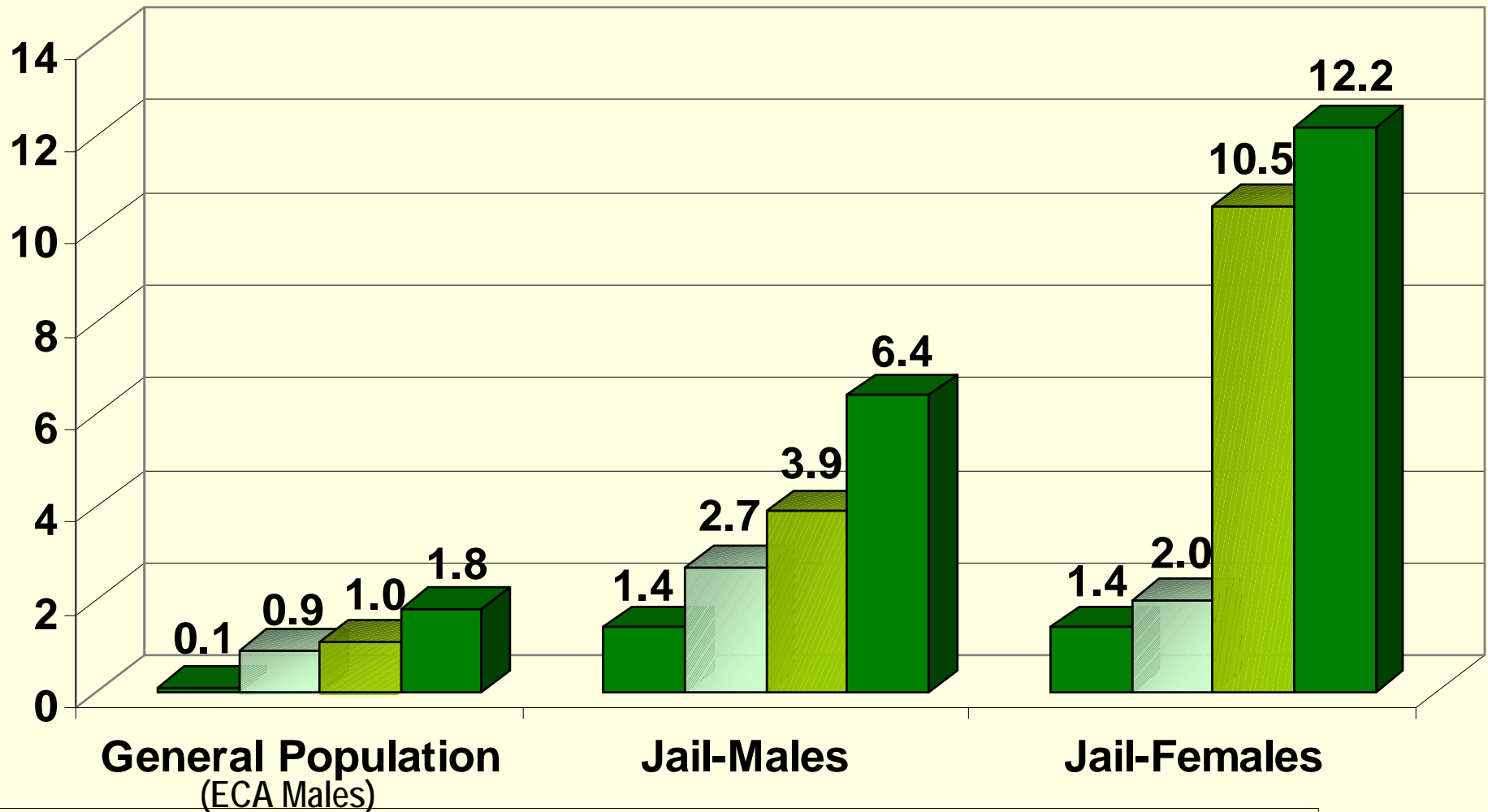


Source: Bureau of Justice Statistics
Correctional Surveys

Admissions to Jail (Teplin, et al)



Severe Mental Disorders Among General Population & Jail Admissions



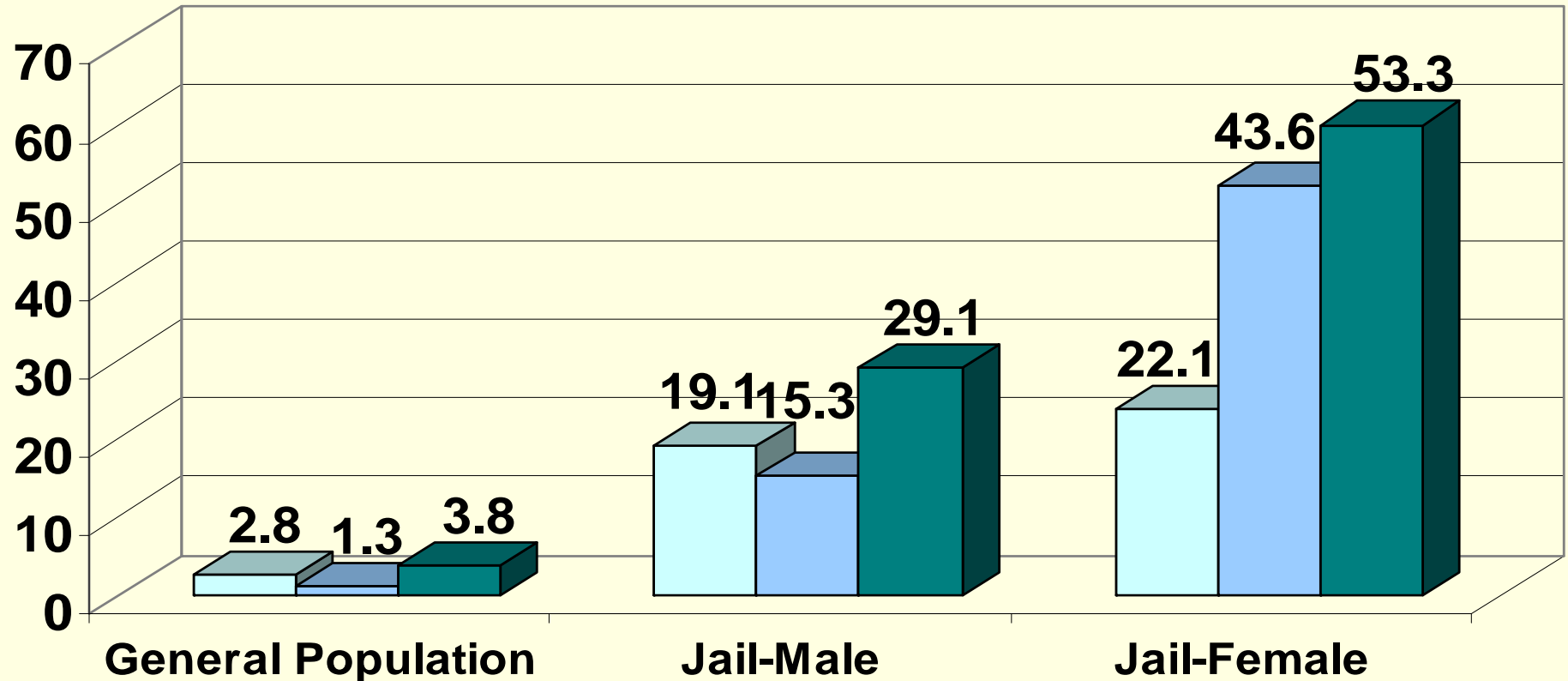
■ Mania

■ Major Depression

■ Schizophrenia

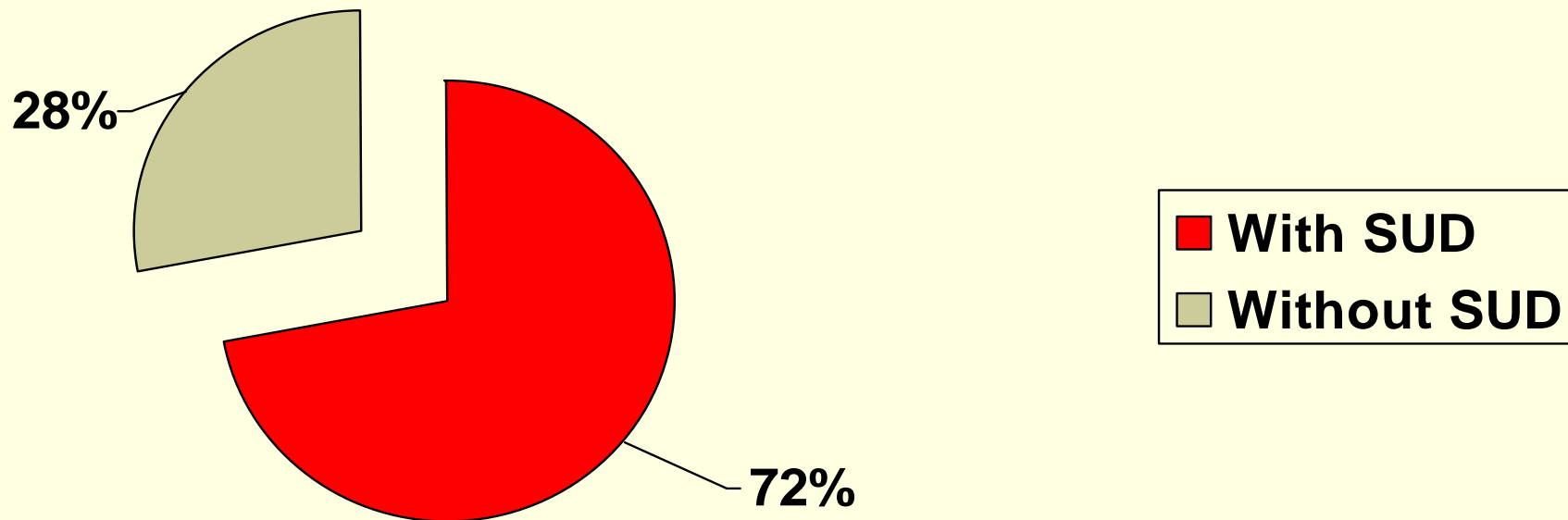
■ Any Severe Disorder

Substance Use Disorders Among General Population & Jail Admissions



Alcohol Abuse/Dependence Drug Abuse/Dependence Substance Use Disorder

Substance Use Disorders Among People with Severe Mental Illness at Admission to Jail (Teplin, et al)



Calls for Diversion

- National Alliance for the Mentally Ill
- Bazelon Center
- National Mental Health Association
- Criminal Justice – Mental Health Consensus Report
- Every sheriff or jail administrator you ever met

Understanding Diversion Before:

(Steadman, et al, 1994)

- Mail survey of every jail in country with more than 50 inmates; Followed by phone and site visits
- Estimated 52 formal diversion programs in entire U.S.

Understanding Diversion Now:

- **Rapidly growing field**
- **Wide variety of diversion initiatives**
 - **Divert at many points**
 - **Efforts led by a variety of stakeholders**
 - **Spread across the country**
 - **Wide variety of approaches: criminal justice and treatment**
- **Slowly growing field of research to guide us about which approaches are most successful**

Diversion Programs Nationally

■ 195	Pre-booking
■ 171	Post-booking, Specialty Courts
■ 174	Post-booking, Non-Specialty Courts
540	Total

National GAINS Center
as of 5-1-08



DEVELOPING A MODEL TO THINK ABOUT DIVERSION

“Unsequential” Model

Arrest

Initial Hearings

Community
Supervision

Jail

Prison

Community

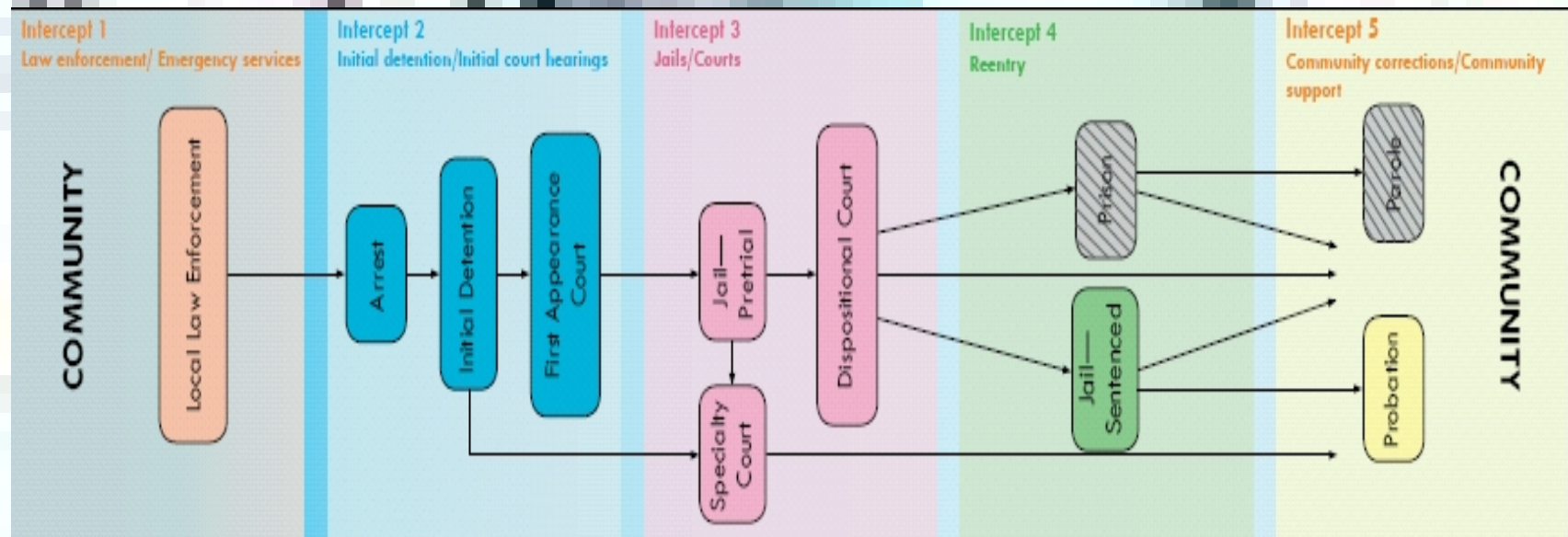
Mental
Health

Courts

Substance
Abuse

Reentry

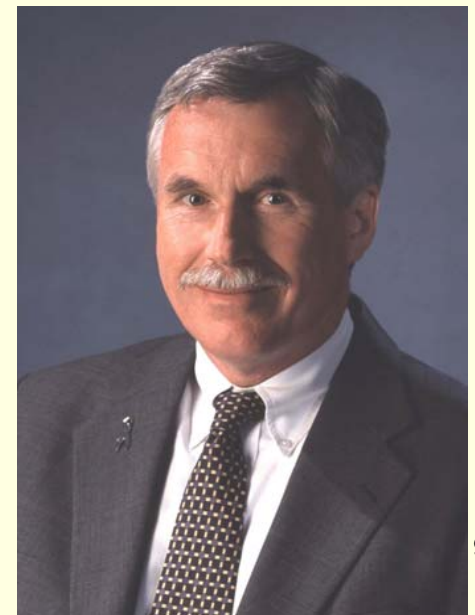
Sequential Intercept Model



The need for a conceptual model

- In awarding Summit County the Criminal Justice Coordinating Center of Excellence, OHIO Department of Mental Health Director Michael Hogan hoped we would become a “mini-GAINS Center” and “requested” that we develop a conceptual model to approach jail diversion.

*Mike chaired the New Freedom Commission and is now Commissioner of New York’s Office of MH.

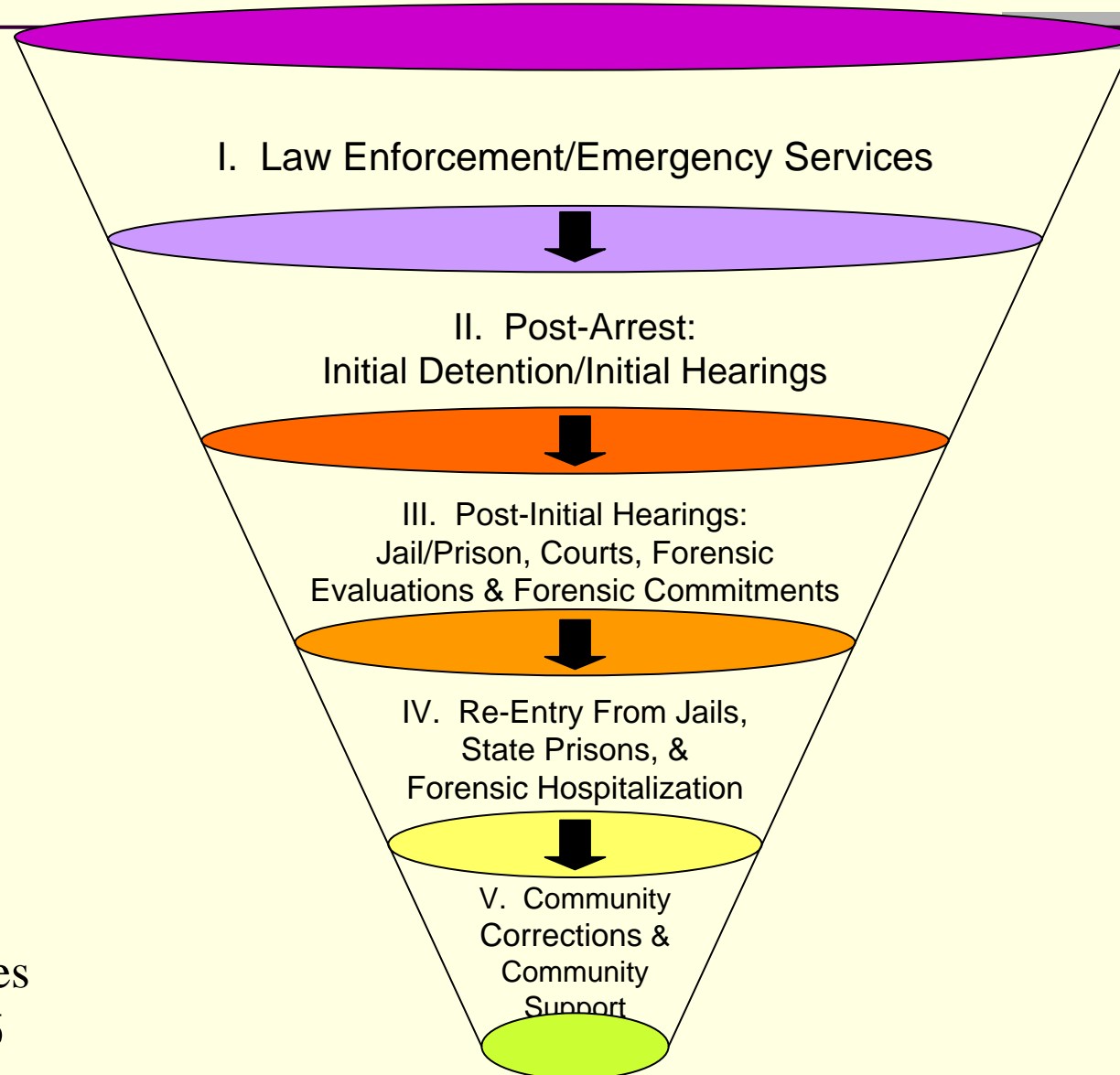


A systematic approach to the criminalization problem

- **There is no single solution to the problem we are calling “criminalization of people with mental illness” or over-representation**
 - **The problem must be attacked from multiple levels**
 - **The “Sequential Filters” Model**
 - **We conceptualized a series of filters. Each filter provides a point to “catch” an individual with mental illness. Over time, the filter rate should increase earlier in the sequence.**

Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



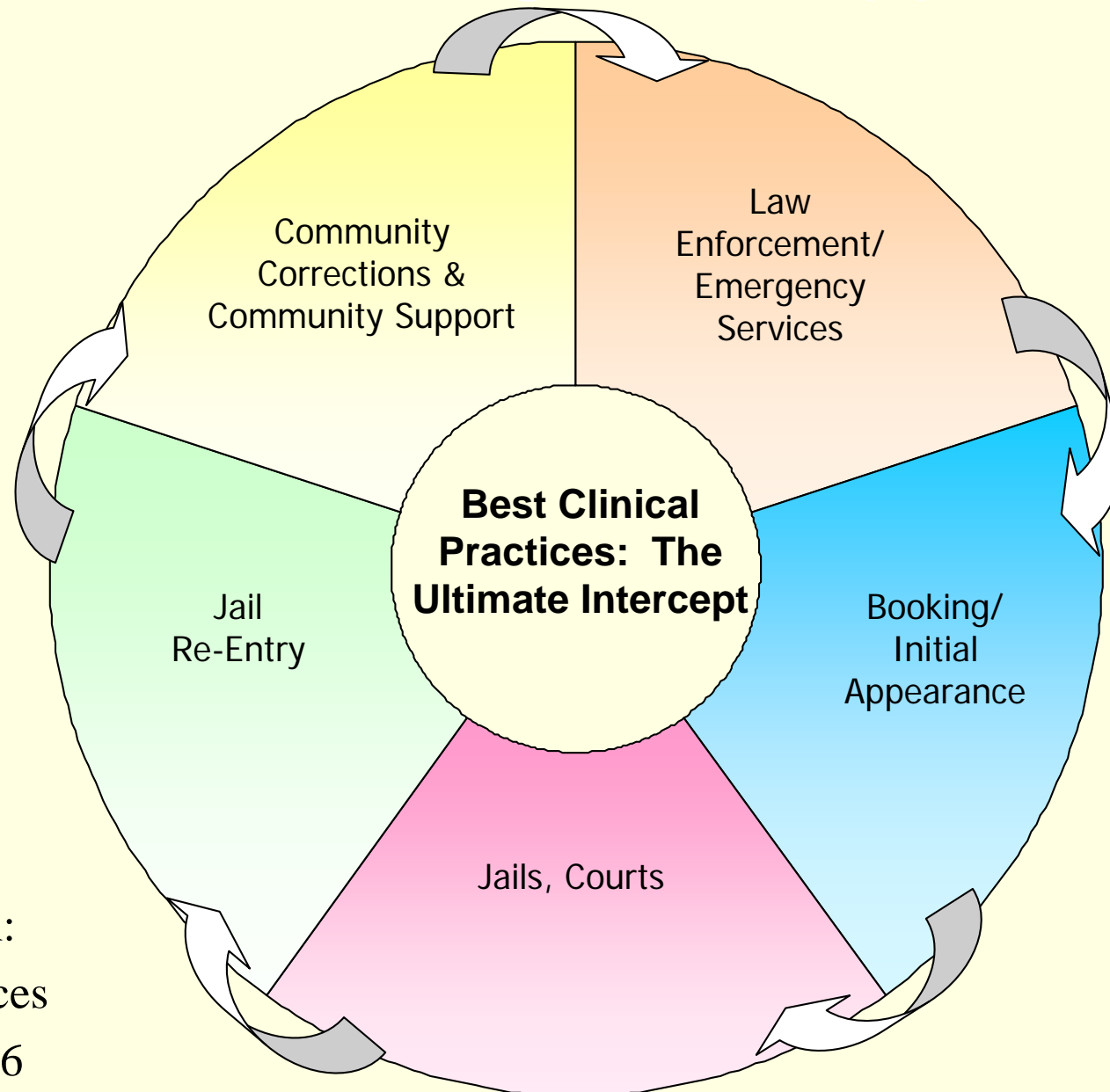
Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

From filters to intercepts:

- GAINS Center Director, Dr. Henry Steadman, suggested that we call the model the “Sequential Intercept Model” because it better captured the goals of the model.



Sequential Intercept Model: The Revolving Door Approach



Munetz & Griffin:
Psychiatric Services
57: 544–549, 2006

Using The Model For Planning With Five Counties

15

Pennsylvania's
**Southeast Region Inter-Agency
Forensic Task Force**

Final Report

July 12, 2002

Promising Practices Committee

Sequential Intercept Model

Munetz & Griffin 2006

- A conceptual framework for communities to use when considering the interface between criminal justice, mental health, and substance abuse systems.
- An organizing tool.

Sequential Intercept Model

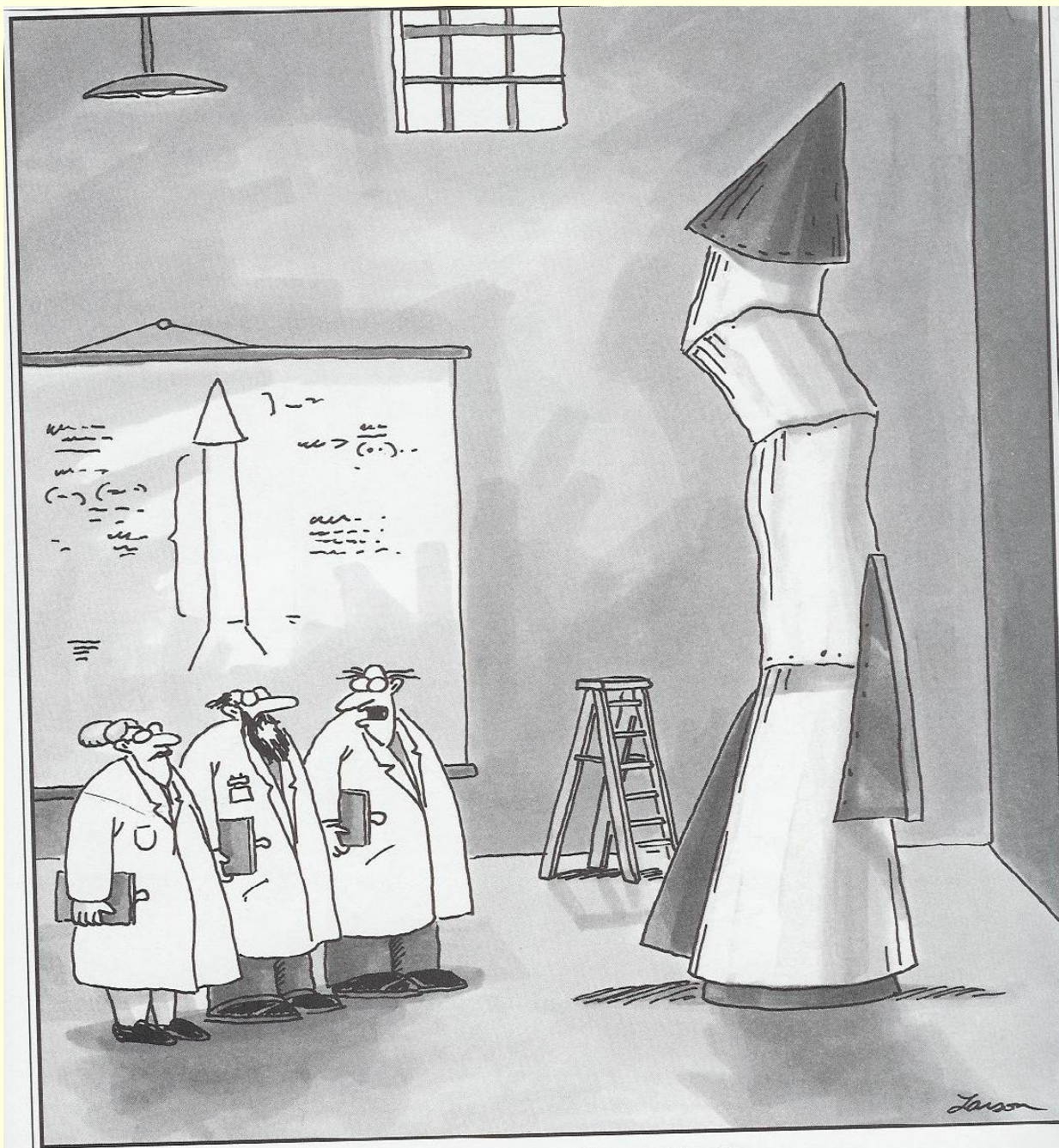
Munetz & Griffin 2006

- **The model envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.**
- **Using the model, a community can develop targeted strategies that evolve over time to increase diversion and linkage to community services.**

Sequential Intercept Model

Munetz & Griffin 2006

- **People move through the criminal justice system in predictable ways**
- **Examine this process in your locality to identify ways to “intercept” persons with severe mental illness and co-occurring disorders to ensure:**
 - **Prompt access to treatment**
 - **Opportunities for diversion**
 - **Timely movement through criminal justice system**
 - **Linkage to community resources**

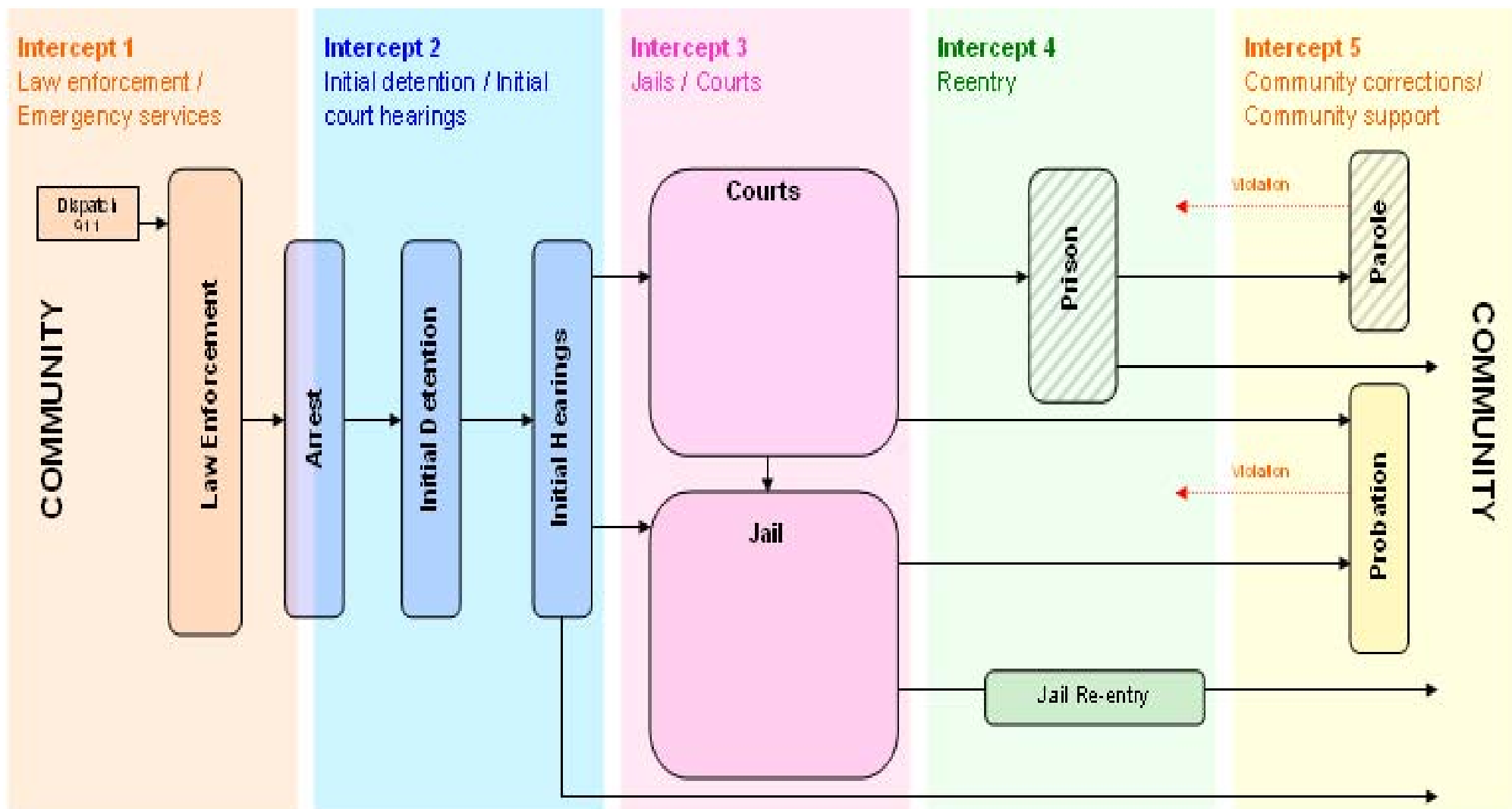


"It's time we face reality, my friends. ...
We're not exactly rocket scientists."

Five Key Points of Interception

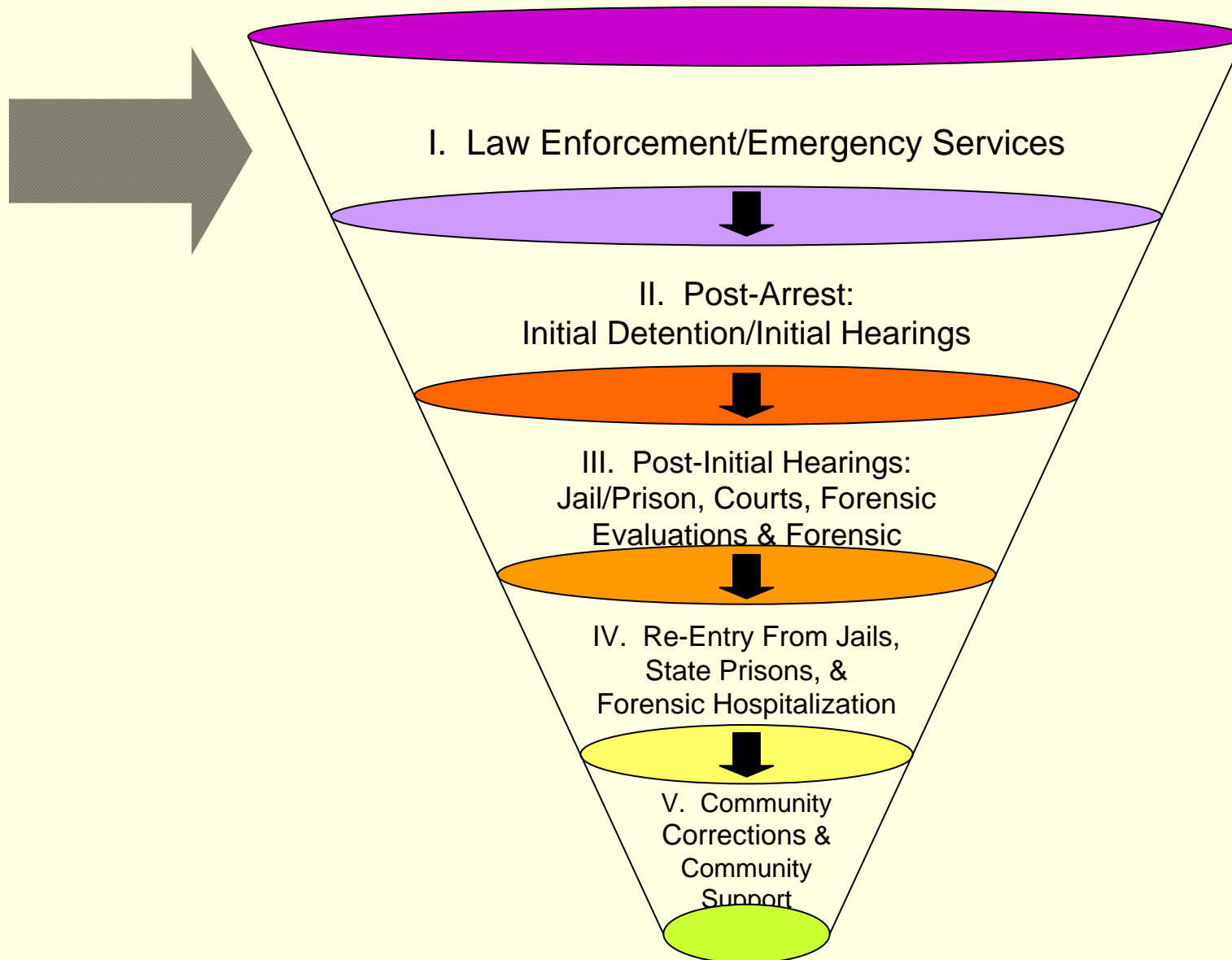
- 1. Law enforcement / Emergency services**
- 2. Booking / Initial court hearings**
- 3. Jails / Courts**
- 4. Re-entry**
- 5. Community corrections / Community support**

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships



Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



Intercepting at First Contact --- Police & Emergency Services

(Deane, et al, 1999)

- **Police-based specialized police response**
 - **Front line police response**
 - **Specialized training/support system**
 - **Example: Memphis Crisis Intervention Team (CIT)**

- **Police-based specialized mental health response**
 - **MH professionals employed by police dept.**
 - **Example: Community Service Officers in Birmingham AL**

- **Mental Health-based specialized response**
 - **Mobile crisis teams**
 - **Examples: Montgomery County Emergency Services (PA) ;
Knoxville TN**

	Birmingham Police-based specialized mental health response	Knoxville Mental Health- based specialized response	Memphis Police- based specialized police response
Proportion of specialized responses to mental illness calls	28%	8%	95%
Arrest Rates	13%	5%	2%

Steadman, et al 2000

Diversion Equation:

- What criminal justice does differently
- What the treatment system does differently
- How they work together differently

Memphis Crisis Intervention Team Model

- Intensive training (40 hours) to volunteer patrol officers
- CIT officers then respond 24/7 to calls involving individuals with mental illness
- Officers are encouraged to refer people to treatment when it is an appropriate alternative to incarceration.

Specialized Crisis Response Sites:

Basic Principles (Steadman, et al, 2001)

- **Identifiable, central drop-off for law enforcement**
- **“Police-friendly” policies and procedures**
- **Streamlined intake**
- **“No refusal” policy**
- **Legal foundations**
- **Innovative and extensive cross-training**
- **Linkages to community services**
 - **Even for those who do not meet criteria for inpatient commitment**

Goal:

- Make it as easy or easier to refer individual to treatment system as it is to arrest and book into the jail

CIT-Related Police Calls

- Colorado's CIT Officers:

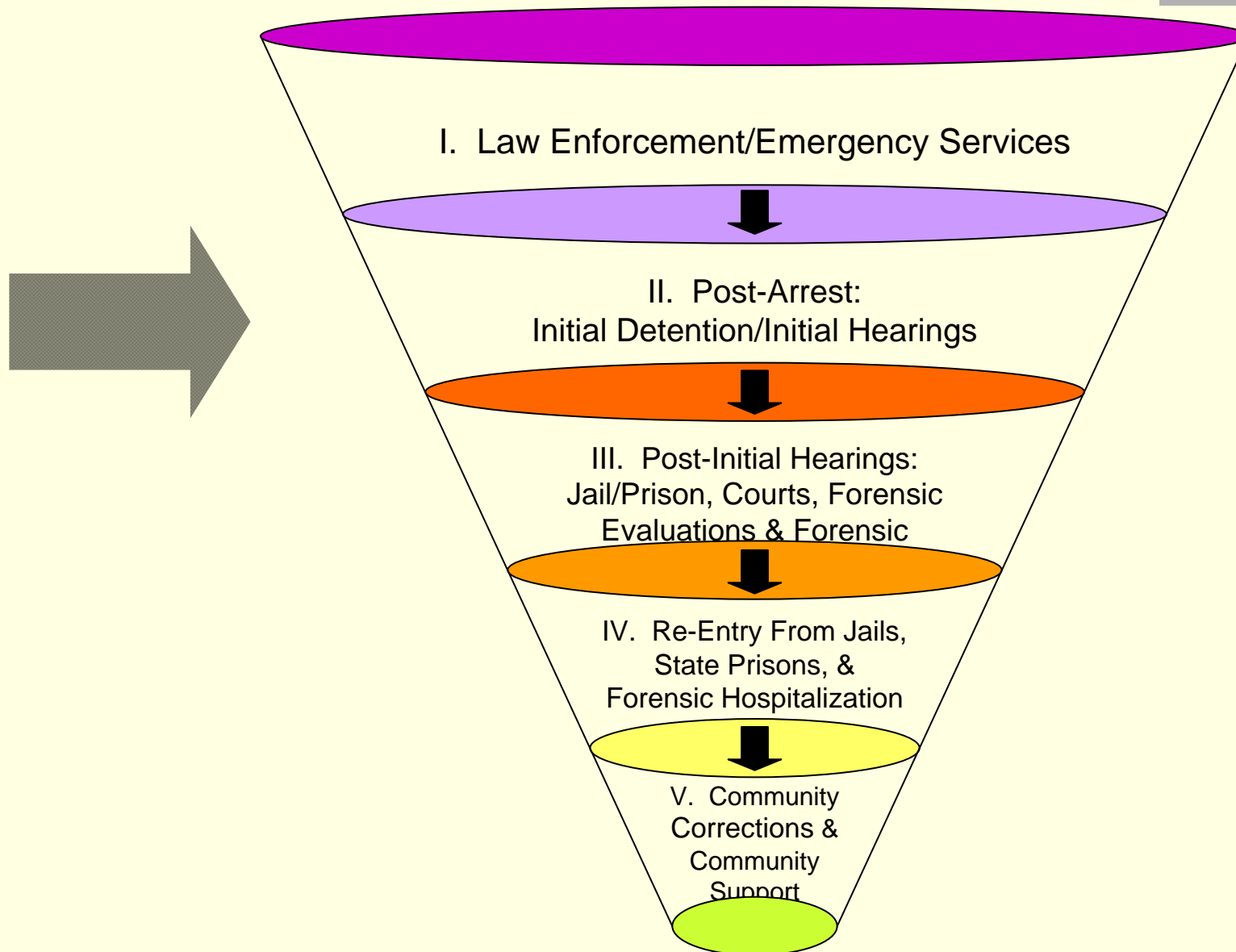
- Transported 76% of consumers to the hospital & spent an average of 70 minutes per incident (unpublished data, 2005)

- Albuquerque, New Mexico CIT Officers:

- CIT officers responded to 271 calls per month, and transported 48% of consumers to the emergency room

Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



Intercepting at Initial Hearings:

- Maricopa County AZ (Phoenix)
- Tucson AZ
- Connecticut --- First statewide diversion
- Cincinnati's "1 o'clock docket"
- Dallas electronic link
- Dauphin County (Harrisburg) Pennsylvania

Promising Practices:

- Role of Pretrial Services
- Use of management information systems to identify and relink to services
- Immediate referrals to community services
- Follow-up into the community

Maricopa County Arizona

Once identified for diversion, program may intervene in three ways:

- 1) Release from jail with bail conditions that include treatment**
- 2) Placed on summary (unsupervised) probation**
- 3) Receive deferred prosecution which includes:**
 - Judicial participation**
 - Supervision**
 - Required treatment over a period of time**
 - Successful completion results in dropping of criminal charges**

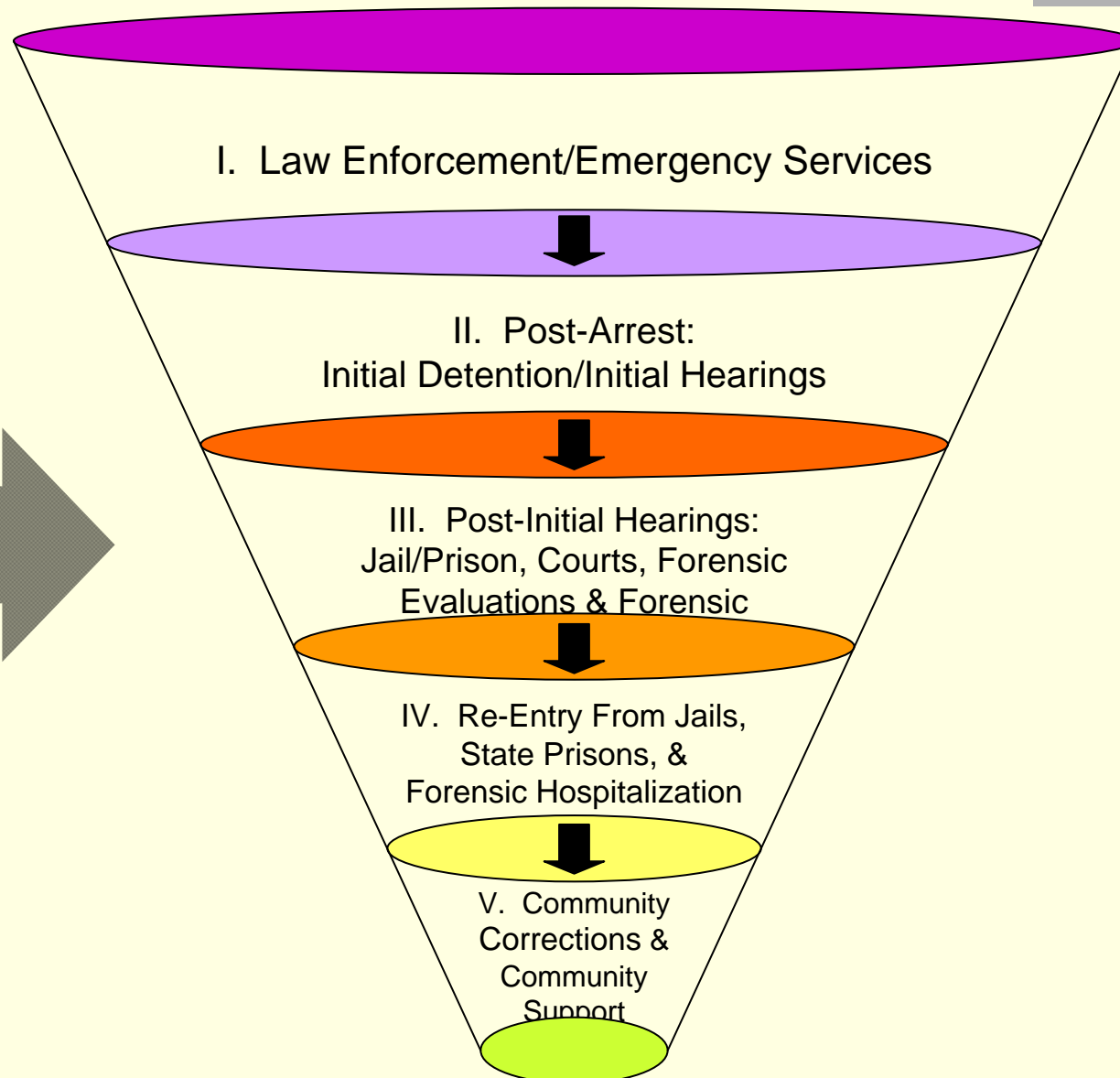
***Aim for diversion at arraignment court but can divert afterwards**

Miami-Dade County Wide Range of Diversionary Efforts:

- **Crisis Intervention Teams in majority of law enforcement agencies**
- **Diversion at arraignment court for misdemeanors**
- **System for improving standards of care at adult living facilities**
- **Training for judges, the courts, and community providers**
- **Advocacy with county and state government**
- **Starting diversion with lower level felony cases**

Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



Specialty Courts

- Mental Health Courts
 - Indianapolis Indiana
 - Anchorage Alaska
- Specialty Dockets of Drug Courts
 - Lane County Oregon
 - Honolulu Hawaii
- Community Courts
 - Philadelphia
 - Midtown Manhattan

What are Mental Health Courts?

(Petrila & Poythress, 2002)

- Limited docket
- Specially assigned judge
- Problem-solving
 - Expanded scope of non-legal issues
 - Hope for outcomes beyond law's application
 - Foster collaboration among many parties
- New roles for judge, attorneys, and treatment system

Using Criminal Charges as Leverage for Involvement in Treatment (Griffin, Steadman, & Petrila, 2002)

- **Diversionary --- Generally pre-adjudication contracts with judges to participate in treatment; Conviction is not recorded**
 - **Example:**
 - **Prosecutor holds charges in abeyance based on agreement to enter treatment under supervision of mental health court; Plea is entered but adjudication is withheld**
- **Post-Plea Based --- Adjudication occurs but disposition or sentence is deferred**
 - **Example:**
 - **Guilty plea is accepted; Sentence is deferred**
- **Probation Based**
 - **Example:**
 - **Conviction with treatment as a term of probation plus suspended jail sentence**

The Jericho Project: Bringing Down Barriers to Recovery

***An Indigent Defense Alternative
to Mental Health Courts***





Shelby County Public Defender System

Stephen Bush, JD, Supervising Attorney

Amanda Smart, LPC, MAC, Criminal Justice/Mental Health Liaison

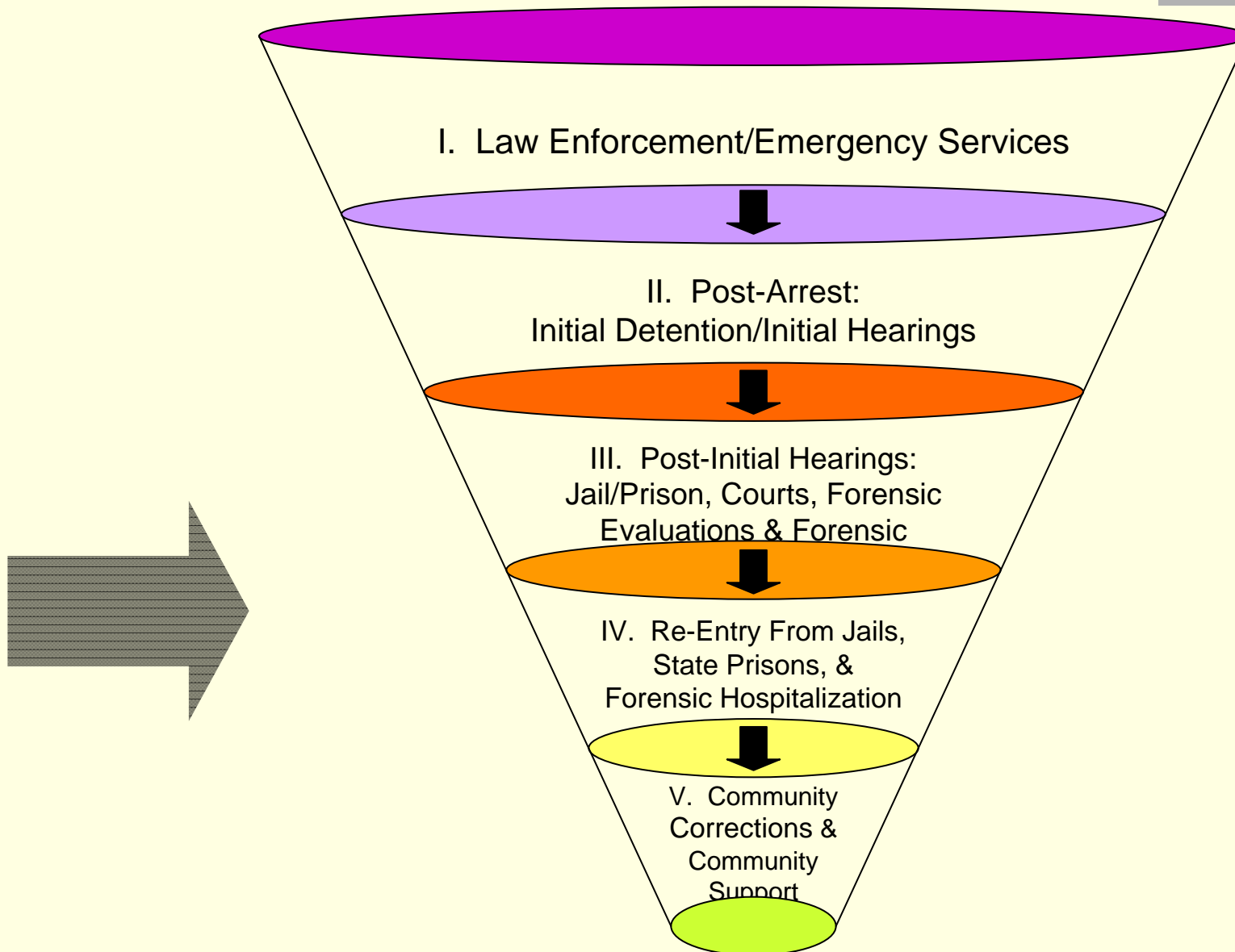
Ricky Crane, CMSW, Comprehensive Counseling Network

The Jericho Project

- Jail diversion as a *defense strategy*
- Non-specialty court
- Post-booking model
- Inexpensive & flexible
- Urban areas

Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



Allegheny County PA Reentry

www.county.allegheny.pa.us/dhs/CSyst/Adult/Jail/MaxOut.htm

- **In-reach into jail or state prison in advance of discharge**
 - **Develop a relationship**
- **Meets released person at jail or the bus station**
- **Arranges for temporary housing, bus passes, appointments for aftercare**
- **Takes person shopping for \$200 worth of clothing and toiletries**
- **Reduced recidivism to less than 10%**

SPECTRM Program

(Rotter, McQuiston, Broner, & Steinbacher, 2005)

- **Sensitizing Providers to the Effects of Correctional Incarceration on Treatment and Risk Management**
 - **Addresses community providers' reluctance to treat this population**
- **Half day training workshop for providers**
 - **Reviews potential behaviors considered adaptive in jail and prison settings and uses a cultural competence approach to address them**
 - **Addresses community providers' concerns about this population**
 - **Focuses on line staff**
 - **Presented by professionals**

Transitions Program

- Full day workshop
- Focuses on administrators and supervisors
- Consumers as trainers
 - **Selected from the Forensic Peer Specialist Program**

RAP Program --- Re-entry after Prison/Jail

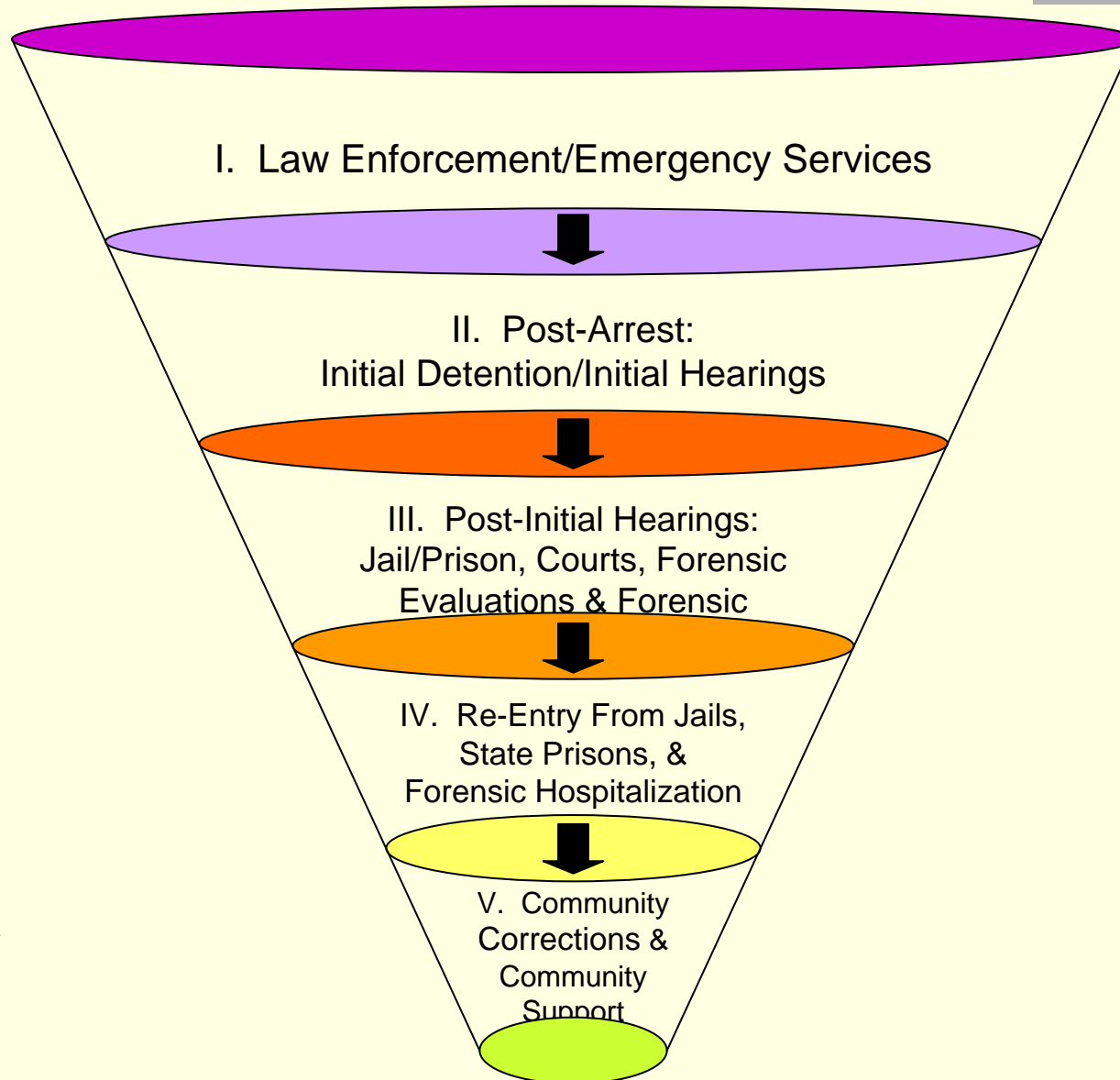
- **Compliment to SPECTRM --- focuses on person leaving jail/prison**
- **Psycho educational and social skills training curriculum informed by cognitive-behavioral techniques**
 - **Goal of developing an understanding of the effects of incarceration on interactions with peers and treatment providers**
 - **Develop more effective coping mechanisms that facilitate reintegration into the community**

Outreach to Homeless Veterans in the Los Angeles County Jail

- Veterans Affairs Jail Outreach Program
 - **Collaboration with Sheriff's Department**
 - **In-reach into the Jail**
 - **Transportation from the Jail**
 - **Temporary Housing**
 - **Linkage to VA services**

Sequential Intercepts

Best Clinical Practices: The Ultimate Intercept



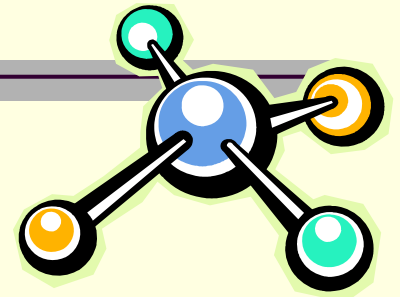
People with severe mental illness are less likely to succeed on probation

- When compared with probationers w/o mi, probationers with mental illness were:
 - **Less** likely to have had their probation revoked because of a new arrest,
 - **Equally** likely to have had their probation revoked because of a new felony conviction, and
 - **More** likely to have had their probation revoked because of a new misdemeanor conviction.
- Probationers with mental illness are **more** likely to have their probation revoked because of failure to pay fine or fees, and “other” violations (e.g., failure to work).
- Why is this the case?
 - Functional impairments that complicate their ability to follow standard conditions of probation (e.g., paying fees).
 - Lower revocation thresholds set by judges or probation officers.

Reducing the numbers of people with severe mental illness being held in jail on technical violations of probation

- Britain/New Bristol Connecticut's Jail Diversion Program for Women
 - Partnership with mental health and probation to:
 - Increase program referrals,
 - Provide quality trauma-informed treatment, and
 - Improved probation supervision

Bucks County PA's Project to Reduce Offender Recidivism



- **Public Safety Model**
- **Focusing on Offender Risk Reduction and Recidivism Reduction**
- **With an integration and coordination of the Corrections, Treatment and Community Systems**
- **Using the growing body of Evidence-Based Principles and Practice**
- **Grounded in a Basic 35-hour Training Experience with strong emphasis on developing Motivational Interviewing Skills**

Ripple Approach

- **Seven Trainers from:**
 - **Adult Probation,**
 - **Department of Corrections and**
 - **Behavioral Health**
- **Basic Trainings two times a year for new Probation Officers, Parole Agents, Corrections Officers, Therapists, Case Managers, Social Workers, Administrators, Community Members, etc.**
- **Annual Refresher Training each Year for those who have previously completed the Basic Training**
- **Adult Probation and Parole also has quarterly Unit Meeting Refreshers and bi-monthly Management Team Refreshers**

Strategies to Improve Success for Probationers/ Parolees with Severe Mental Illness

- **Reduce caseloads for specialty probation agencies to allow probation officers to:**
 - **Develop knowledge about mental health and community resources**
 - **Establish and maintain relationships with clinicians**
 - **Advocate for services**
 - **Actively supervise these individuals**
- **Recognize multiple roles**
 - **Probation/parole officers take on both a legal/surveillance role and a therapeutic/problem-solving role.**
 - **The quality of the relationship between the officer and the probationer can strongly influence outcomes.**

Strategies to Improve Success for Probationers/ Parolees with Severe Mental Illness (cont.)

- **Use problem-solving strategies to resolve issues of noncompliance**
 - **Traditional methods of issuing rule reminders and threatening incarceration are unlikely to resolve noncompliance.**
 - **Examine the specific inabilities or barriers of each individual in order to increase compliance.**
- **Maximize limited resources in creative ways to address the specialized needs of this population**

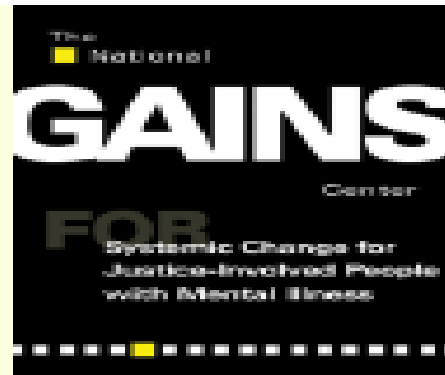
National campaign to reduce chronic homelessness

- Focusing on releases from “institutions of custodial care”
 - Jails, prisons, hospitals, foster care, mental health, substance abuse
- “Homelessness is undermining your work.”
 - “It is compromising your primary work and bringing you repeat customers.”

Frequent Users of Jail and Shelter (FUSE)

- The New York City Depts. of Correction, Homeless Services, and Health and Mental Hygiene:
 - Initiative to break the cycle of correctional involvement and homelessness among “frequent users”

Using the Sequential Intercept Model



The National
GAINS Center
for Systemic
Change for Justice-
Involved People
with Mental Illness

National GAINS Center

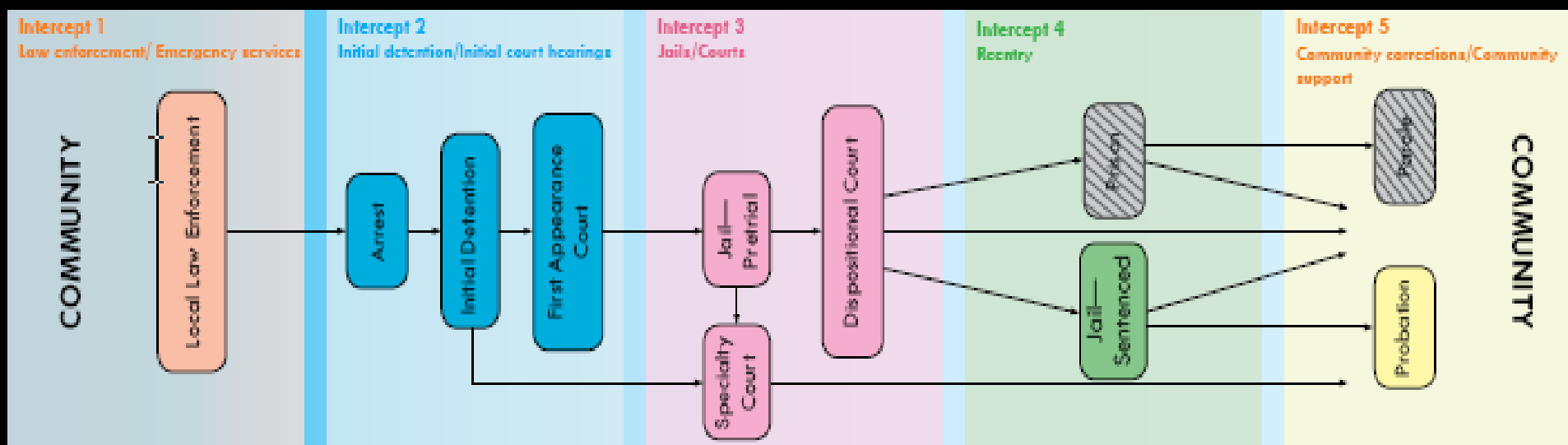


Developing a
Comprehensive State Plan
for Mental Health &
Criminal Justice
Collaboration



Actions for State Level Change...

- Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- Pass legislation encouraging jail diversion programs as done in FL, MI, IN, CT, TX
- Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- Remove constraints that exclude persons formerly incarcerated from housing or services; make criminal justice clients a priority for housing, as done in MD
- Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- Create criminal justice priority eligibility group without "net-widening" or limiting services to others; for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- Legislate task forces/commissions made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- Utilize the State planning process to integrate mental health, substance abuse, and criminal justice; identify incentives to get stakeholders in each system to the table
- Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as cross-trainers



Action Steps for Service Level Change by Intercept...

- Request for Police Services:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- On-Scene Assessment:** Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor
- Incident Documentation:** Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability
- Police Response Evaluation:** Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests

Source: Policy Statements 2-6, Coanessa Project (2002)

- Appointment of Counsel:** Provide defense attorneys with earliest possible access to client mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution
- Prosecutorial Review of Charges:** Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness
- Pretrial Release & Modification of Pretrial Diversion Conditions:** Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversion

Source: Policy Statements 7-11, Coanessa Project (2002)

- Intake Procedures:** Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals' strengths, risks, and needs upon admission
- Individualized Programming Plan:** Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community
- Physical Health Care & Mental Health Care:** Facilitate community-based providers' access to prisons and jails and promote service delivery consistent with community and public health standards
- Substance Abuse Treatment, Children & Families, Behaviors & Attitudes, Education & Vocational Training:** Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

Source: Policy Statements 8-14, Re-entry Policy Council (2004)

- Subsequent Referral for Mental Health Evaluation:** Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken
- Development of Transition Plan:** Effect the safe and seamless transition of people with mental illness from prison or jail to the community
- Transition Planning:** Facilitate collaboration among corrections, community corrections, and community providers and utilize a transition Checklist to identify service needs and provide effective linkage to services
- Identification & Benefits:** Ensure releases exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail

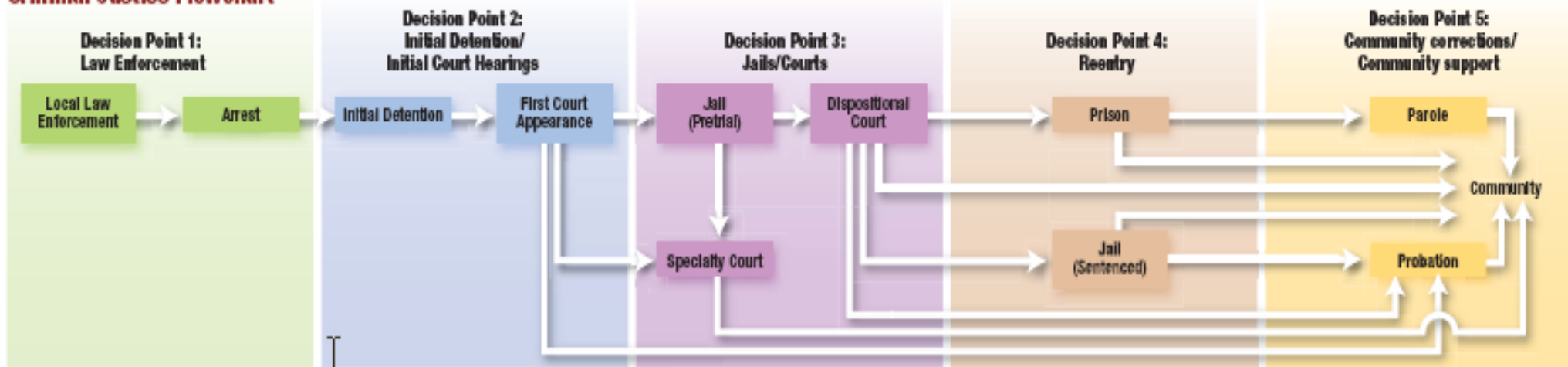
Source: Policy Statements 19-21, Coanessa Project, (2002)
ARC Re-entry Report, GAO's Center 18 & 24, Re-entry Policy Council (2004)

- Implementation of Supervision Strategy:** Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of releasee, victim, community, and family change
- Maintaining a Community of Care:** Connect involves re-employment, including supportive employment services, prior to release. Facilitate releasees' sustained engagement in treatment, mental health and supportive health services, and stable housing
- Graduated Response & Modification of Conditions of Supervised Release:** Ensure a range of options for community corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Source: Policy Statements 24-29, Re-entry Policy Council (2004)
22, Coanessa Project (2002)

People with mental illness involved with the Criminal Justice system

Criminal Justice Flowchart



Scope and impact on individuals

Decision point 1: Law enforcement

Scope

- 544,436 Number of adult arrests, statewide in 2006.
- 500 Number of police departments, statewide in 2006.
- 38,110 Estimated number of people with mental illness with police contact annually.
- 3 Number of police departments that have a formal crisis response, statewide.

Impact

People with mental illness require specialized approaches during contact with police, a substantial amount of police time is spent in these contacts.

Individuals in crisis may further jeopardize their legal standing by behavior that causes severe treatment by law enforcement personnel, leading to possible injury or even death and more intensive charges.

Worst Case Scenario

Individuals remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

Strengthening police training
Improve police/mental health liaison
Improve diversion alternatives

Decision Point 2: Initial detention/ Initial court hearings

Scope

- 176 Number of OPCA funded Alternatives to Incarceration programs, (no information is currently available regarding mental health screening for these or other ATI programs).
- 4 Number of Mental Health Court Connections programs (new program - no statistics).
- 194 Number of police departments with lock-ups statewide.
- 1 Number of suicides in police lock-ups in 2006.

Impact

Many individuals with mental illness have little or no resources and may be detained because they cannot post even very low bail and are not offered release on personal recognizance.

An absence of supervised treatment/support alternatives for these offenders may lead to incarceration instead of more appropriate treatment.

Worst Case Scenario

Individuals remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

Test diversion alternatives

Decision point 3: Jails/Courts

Scope

- 38,271 Number of individuals in local correctional facilities on any given day statewide.
- 5,323 Approximate number of individuals with mental illness in local correctional facilities on any given day statewide.
- 4 Number of suicides in county jails in 2006.
- 1,740 Number of courts statewide.
- 49,349 Number of felony convictions in 2006.
- 14 Number of mental health courts (which handle approximately 850 cases per year) statewide.

Impact

People with mental illness spend 2 to 5 times longer in jail than persons without mental illness.

People with mental illness are charged, convicted, and sentenced more severely than other people accused of similar crimes.

Jails are often not adequately staffed or equipped to provide mental health care. Jail costs more because of these challenges.

Worst Case Scenario

Individuals can remain in the criminal justice system, are injured or die, or commit suicide.

Opportunities

Evaluate alternative to incarceration

Decision Point 4: Reentry

Scope

- 63,000 Number of state prisoners.
- 25,000 Number who have been released from prison per year.
- 12,000 Number who received outpatient Mental Health services in prison.
- 2,445 Number discharged with pre-release plans completed by 25 Pre-Release Coordinators located in prisons.
- 978 (40%) Number who have had shelter placements.
- 13 Number of suicides in prisons statewide in 2007.

Impact

Seriously mentally ill individuals leave prison to places of residence at a great distance (approximately 60% to NYC), thus it is difficult to connect to community based services.

Housing in conjunction with mental health programs is the greatest challenge. Individuals in the shelter system may be victimized by other individuals.

Delay in acquiring SSI/Medicaid benefits presents an obstacle to accessing community based mental health services.

Worst Case Scenario

Individuals reenter the criminal justice system, are injured or die, or commit suicide.

Opportunities

Address specific mental health needs of re-entering mentally ill inmates.

Decision Point 5: Community corrections/Community support

Scope

- 59,000 Number of individuals on parole state wide as of 2007.
- 19,000 Number who have treatment contact with mental health service providers.
- 2,600 Number who are seriously mentally ill.
- 1,600 Number of seriously mentally ill parolees who will be on normal case loads of parole officers.
- 127,861 Number of adults on Probation in NYS.
- 20,457 Number of these probationers who are estimated to have mental illness.
- 9 Number of Probation Departments with dedicated mental health caseloads.

Impact

The stigma of criminal justice involvement for Parolees and Probationers increases their difficulties in accessing community based services.

A large majority (72%) of people with serious mental illness involved in the criminal justice system have a cooccurring substance abuse disorder.

Worst Case Scenario

Individuals reenter the criminal justice system, are injured or die, or commit suicide.

Opportunities

Develop treatment and housing for parolees and probationers, especially those with cooccurring disorders.

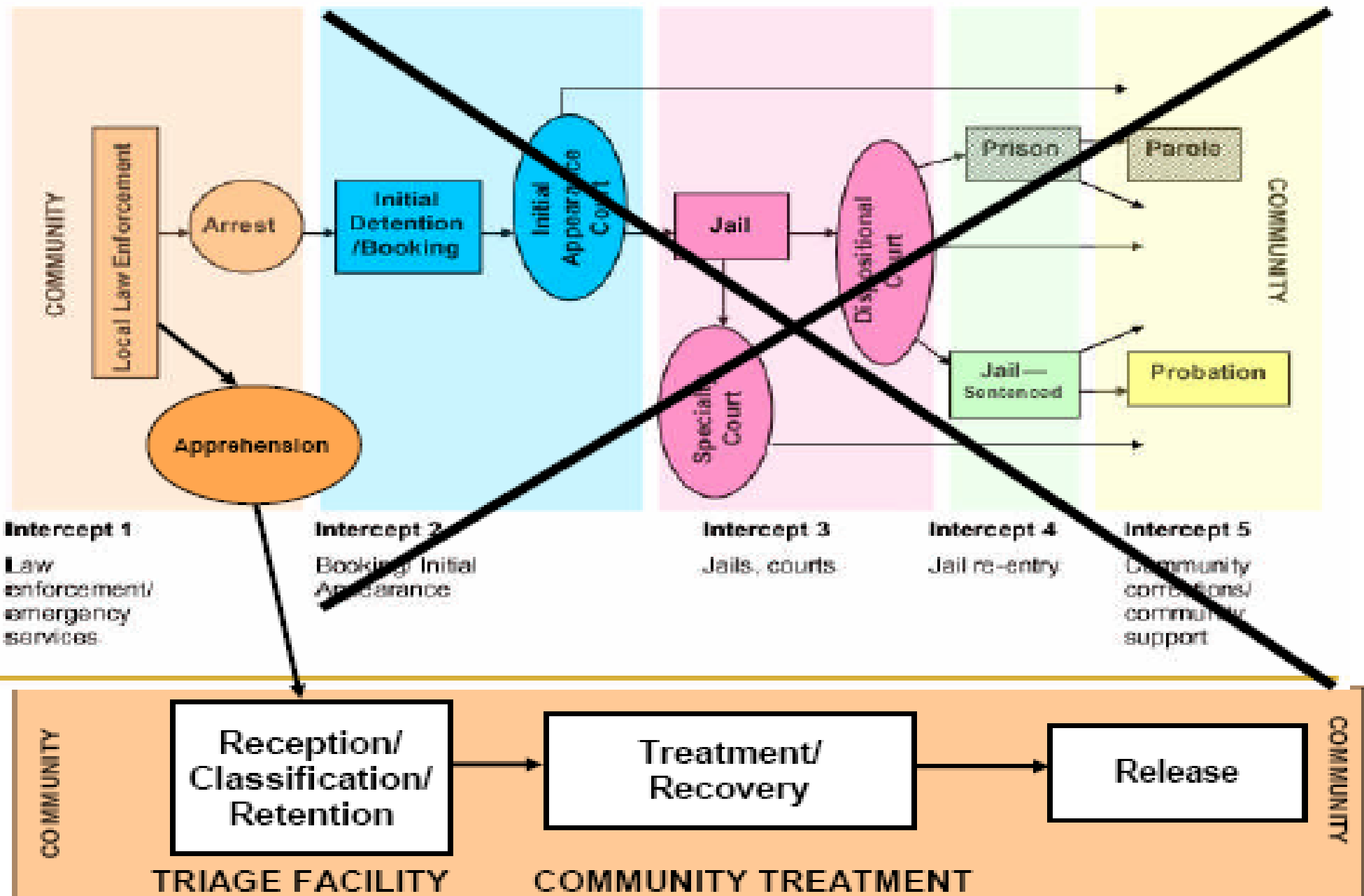
DECRIMINALIZING



MENTAL ILLNESS

Mental Health and Substance Abuse Intercepts in the Criminal Justice Process: A Broad Overview

Post Decriminalization Overview – Community Based



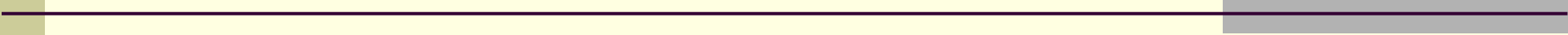


Future Challenges

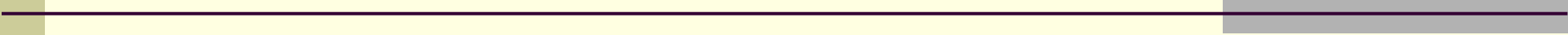
Role of Substance Use

“Our analyses suggest that if substance use is substantially reduced, those with Severe Mental Illness would be no more likely than those without Severe Mental Illness to be arrested for most types of offenses, and their involvement in violent offenses would be substantially reduced.”

- Swartz & Lurigio, 2007



Reducing Recidivism



Quantifying the over- representation at each intercept

“I also saw how bringing disparate groups together --- even those with conflicting missions --- could often be effective The power of proximity --- spending time side-by-side --- had pulled us all to compromise in our efforts to help People, not programs, change people. The cooperation, respect, and collaboration we experienced gave us hope that we could make a difference ... “

- Bruce Perry & Maia Szalavitz, 2007